



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 09/1893,171
Filing Date June 27, 2001
First Named Inventor Darreth Poirier
Group Art Unit 2654
Examiner Name Nolan, Daniel A.
Confirmation Number 4552

Total Number of Pages in this Submission

3

Attorney Docket Number

006-110-400

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an application) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Fee Attached | | |
| <input checked="" type="checkbox"/> Amendment/Response | <input type="checkbox"/> Formal Drawing(s) | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Corrected drawings | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Licensing-related papers | <input type="checkbox"/> Issue Fee Due (PTOL85b) |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Petition to convert to a Provisional application | <input checked="" type="checkbox"/> Return receipt postcard |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Information Disclosure Statement/PTO-1449 | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Preliminary Amendment |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> Additional Enclosure(s) (please identify below): |
| <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name and Firm	Gerry A. Blodgett BLODGETT & BLODGETT, P.C., 43 Highland Street, Worcester, MA 01609-2797	Registration No. 26,090
Signature	<i>Gerry A. Blodgett</i>	CUSTOMER NO. 20433
Date	1/8/04	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Typed or printed name	Gerry A. Blodgett	Date	1/8/04
Signature	<i>Gerry A. Blodgett</i>		